

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/20/03.

I. DISPUTE

Whether there should be reimbursement for CPT code E1399 (Durable Medical Equipment-RS4i Muscle Stimulator) for dates of service 9/21/03 - 10/20/03.

II. RATIONALE

Commission Rule 134.600 (h) (11) states that, "The non-emergency health care requiring preauthorization includes: All durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all transcutaneous electrical nerve stimulators (TENS) units."

The service in dispute was denied as, "X170-Pre-Authorization was required, but not requested for this service per TWCC Rule 134.600."

Requestor states that, "Preauthorization not required, line item does not exceed \$500.00." On 8/2/03, Dr. P prescribed, "Devices & supplies for 2 months."

Carrier's receipt of a Copy of the Medical Dispute Resolution was signed on 11/24/03. Their response was received on 1/7/04. Commission Rule 133.307 (e)(3)(C) states; "Upon receipt of the request, the respondent shall file the completed request with the division and the requestor within 14 calendar days of respondent's receipt of the request." Therefore, the response will not be considered.

The "expected cumulative rental" for the device is 2 months at \$250.00 per month, for a total of \$500.00. Therefore, per Commission Rule 134.600 (h) (11), the expected cumulative rental for 2 months is not in excess of \$500.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code E1399 in the amount of \$ 250.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$250.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR Tracking #M4-04-3794-01

The above Findings, Decision and Order are hereby issued this 22nd day of March 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division
TC/tc